## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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## MAIL STOP PATENT APPLICATION

NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** 

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

or (Tit	le):	IMAGE FORMING APPARATUS
3y (Inve	entors):	Masatoshi YAMADA
	Formal drawings Use Figure Declaration as This application A Preliminary This patent appl The execute An Information Entitlement to s A Preliminary Priority of forei A certified This application	for front page of Publication.  Index of Provisional Application No filed  Index of Provisional Application in the Specification if not already present.)  Index of Provisional Application in the Specification if not already present.)  Index of Provisional Application in the Specification if not already present.)  Index of Provisional Application in the Specification if not already present.)  Index of Provisional Application in the Specification if not already present.)  Index of Provisional Application in the Specification if not already present.)  Index of Provisional Application in the Specification if not already present.)  Index of Provisional Application in the Specification if not already present.)  Index of Provisional Application in the Specification if not already present.)  Index of Provisional Application in the Specification in the Speci
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## CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA		
BASIC FEE				
TOTAL CLAIMS	12 - 20	= *0		
INDEP CLAIMS	3 - 3	= *0		
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED				

<sup>\*</sup> If the difference is less than zero, enter "0".

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RATE		FEE	<u>OR</u>		
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	x 9=	\$	<u>OR</u>		
	x 42 =	\$	<u>OR</u>		
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RATE	FEE			
2000 1000 (1000) 1000 (1000)	\$ 750			
x 18	\$			
x 84	\$			
+ 280	\$			
TOTAL	\$ 750			

Check No. 146727 in the amount of \$750 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.  $\boxtimes$ 

Respectfully submitted,

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